Chicago Communities Working Together to Eliminate TB

In August 2001, the Chicago TB Program received supplemental funding as part of CDC's grant, "Intensification of TB Elimination Activities in African-American Communities in the Southeastern United States." Using these funds, Chicago started the "TB Reduction Activities Project" (Project) to address African-American communities and providers/organizations serving these populations.

In November 2000, Chicago Mayor Richard M. Daley and members of the City Council had already passed a resolution mandating a study of TB in Chicago to "inform, educate, and empower those communities that result in significantly higher TB rates for African Americans is central to accomplishing Mayor Daley's resolution.

A review of overall Chicago community health measures and TB program data from 2002 determined the location for the intervention: 13 contiguous but different community areas on Chicago's Southside. These areas combined have a TB case rate greater than 15 per 100,000, and twice the national percentages for unemployment and infant mortality. Also, 22% of residents live below the poverty line, and only 66% of residents have a high school diploma. Dr. Paul Draus, a sociologist and former Chicago directly observed therapy (DOT) worker, commented in a speech before the Metropolitan Chicago TB Coalition: "Place encompasses not only networks and pathways, but also history, memory, and meaning. Disease is an abstract category; illness is a lived experience. Illness cannot be separated from the social context in which it appears." The Project formed a task force to bring neighborhood residents, community-based organizations, and public and private health care providers together to learn about these unique African-American communities most impacted by TB.

In Phase I of the program, the task force assessed the study communities' perspectives on TB and the type of intervention desired. A total of 15 focus groups were held, with four involving Chicago TB Program staff and 11 comprising community residents. Using the results of surveys conducted for each group, as well as the minutes from community meetings, the task force eventually decided on a three-tiered intervention approach.

The project objectives are to:

- Determine the barriers to health seeking behavior and treatment adherence for African Americans with or at risk for TB
- Determine barriers to TB guideline adherence among providers who serve these populations
- Develop and test interventions to overcome identified barriers
- Improve partnerships and collaboration among TB programs and providers/organizations serving these populations

As of February 2004, the protocol development team was formed. A literature review is currently in progress, instrument development is underway, and data collection is scheduled to begin in spring 2004.
Ms. Gennell Wilson is a Communicable Disease Investigator (CDI) for the Chicago TB Program and proud of it! Born and raised in Chicago, she has spent the last 20 years protecting the health of the city she loves.

Gennell Wilson: I studied liberal arts in school and had numerous jobs that taught me what I did not want to do. When I eventually took a job with the city as a health education aide, I liked the field work and working with people.

CC: What brought you to the TB program?

GW: After I was laid off as a health education aide, a friend told me about an opening in TB. I think I got the job because, being from Cabrini-Green, I did not fear the projects or other “difficult” areas where patients may live.

CC: Tell me about the early days working with TB.

GW: “A happy worker is a productive worker” is not just a cliché. Upon hiring me as a CDI in 1983, then Program Director John Kuharik assured me that my paycheck would not be compensation for my labor, but the satisfaction in helping to save lives and reduce the spread of TB would be my reward. What an understatement! Twenty years later I am still here and I love my job. John was right. After one of my quarantined patients needlessly died of TB, I made a personal commitment to the patients and my job.

CC: What interests you most about your job?

GW: I consider myself the patient’s advocate. When I eventually took a job with the city as a health education aide, I liked the field work and working with people. I speak up and out against compliance barriers. I think all health care workers should show respect, understanding, trust, a genuine concern, objectivity, sensitivity, and patience with the patients. For me, those are the secret ingredients to compliance. Also, cultural sensitivity training needs to be more than just a class. You need to become involved in activities in different communities to get help in understanding community perspectives.

Gennell Wilson

Charles P. Felton, MD, served as Associate Director of Medicine at Harlem Hospital from 1973 until his retirement on June 30, 1998. He is a graduate of the School of Medicine (Switzerland), where he received his MD degree in 1956. After residency in internal medicine at Harlem Hospital and after a 2-year stint as a Captain in the U.S. Air Force Medical Corps, he completed his fellowship training in Pulmonary Medicine at St. Luke’s Hospital, New York City (NYC) from 1963 to 1965. Dr. Felton returned to Harlem Hospital in July 1965 to establish the Pulmonary Division and the Pulmonary Functions Laboratory; he has held a faculty appointment with the Columbia College of Physicians and Surgeons since 1965 and tenure of title since 1974.

Over the years Dr. Felton has served on the boards of directors of several distinguished professional organizations, including the New York Lung Association. He was president of the National TB Controllers Association (NTCA) from 1975 to 1977 and president of the New York State Thoracic Society from 1990 to 1991. In 1983, he was an invited panelist at the first National Institutes of Health’s 3-day workshop on the pulmonary complications of HIV/AIDS. Also, that year he served as the U.S. Agency for International Development (USAID) consultant to Haiti to study and submit recommendations on the management of the TB endemic there. From 1986 to 1994, he was Chair of Governor Cuomo’s Committee on the State of Black Health in New York. In 1993, he was appointed by then-Secretary of DHHS Donna Shalala to the Advisory Council for the Elimination of Tuberculosis. That same year, he was awarded the American Lung Association’s “Will Ross Medal” for his many years and efforts in the control of lung disease in the United States. He played a pivotal role in the establishment of the National Tuberculosis Center at Harlem Hospital (Harlem TB Model Center), one of only three in the country. This clinic, funded by CDC, was dedicated as “The Charles P. Felton Tuberculosis Center” by NYC Commissioner of Health Margaret Hamburg in March 1996.

Dr. Felton has been a tireless advocate for the health needs of the African-American community. During the decades when TB case rates consistently declined, he continued to push the limits. Dr. Felton and NYC officials that African-American communities, such as Harlem, had not benefited from these advances. In 1992, Harlem reported a TB case rate of 240.2/100,000; this was a rate comparable to many developing countries. Due to his efforts and those of the NYC Bureau of TB Control, Harlem reduced its rates to 39.4/100,000 in 2002.

Dr. Felton has been a leading advocate of community-based initiatives. Since 1985, he has headed the Charlotte’s Web Project, a community-based TB prevention program. Through this project, Dr. Felton has taught thousands of children about tuberculosis to prevent its spread. The Charlotte’s Web Project has been lauded by the U.S. Department of Health and Human Services for its impact in reducing tuberculosis in the Harlem community.

Dr. Charles P. Felton

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To add/del contacts on our mailing list, please contact Vivian Miller, Management & Program Analyst, Office of Minority Health, by e-mail at vivi@cdc.gov or 404-639-5319.

The African-American communities that are the focus of these interventions have a great deal of work to do to ensure that TB prevention, control, and elimination activities. Within their geographic boundaries are numerous, varied groups and individuals, each with their own definitions of community and their places in it. The Project must recognize, evaluate, and address these differences to improve the health status in African-American communities.

An Eyewitness Account: TB Past and Present

Chris Caudill: How did you become interested in public health work?

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The second component is describing the existing health-care provider networks in African-American communities and evaluating the current referral systems that affect TB case finding and treatment. The results of the focus groups and a review of TB case reporting institutions helped identify major community TB care providers. The project is forming a working group of community health-care agencies to discuss and implement referral system improvements. The project is also partnering with a private hospital to develop a satellite TB clinic in the intervention area.

The second component is developing specialized TB messages targeted to specific African-American audiences. The project health educator will conduct 20 randomized client interviews and review focus group responses to help build a social marketing campaign. Messages will be piloted at 10 community sites to determine the strength of content and effectiveness of delivery channels. The project evaluator will use a pretest and posttest tool to measure message retention. Specialized TB messages and delivery channels will be monitored monthly and adjusted as needed.

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